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U.S. PTO
10951

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																									
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 28] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																									
5. Oath or Declaration [Total Pages 3] a. <input type="checkbox"/> Newly executed (original or copy)		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>																									
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		a. <input type="checkbox"/> Computer Readable Form (CRF)																									
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies																									
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">9.</td> <td><input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td style="width: 5%;">10.</td> <td><input type="checkbox"/> 37 CFR 3.73(b) Statement</td> <td><input type="checkbox"/> Power of <i>(when there is an assignee)</i></td> <td><input type="checkbox"/> Attorney</td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> English Translation Document <i>(if applicable)</i></td> <td>12.</td> <td><input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td><input type="checkbox"/> Copies of IDS Citations</td> <td></td> </tr> <tr> <td>13.</td> <td><input type="checkbox"/> Preliminary Amendment</td> <td>14.</td> <td><input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> <td colspan="2"></td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> <td>16.</td> <td><input type="checkbox"/> Other:</td> <td colspan="2"></td> </tr> </table>				9.	<input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement	<input type="checkbox"/> Power of <i>(when there is an assignee)</i>	<input type="checkbox"/> Attorney	11.	<input type="checkbox"/> English Translation Document <i>(if applicable)</i>	12.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations		13.	<input type="checkbox"/> Preliminary Amendment	14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16.	<input type="checkbox"/> Other:		
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17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____ Prior application information: Examiner _____ Group / Art Unit: _____																											
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																											
18. CORRESPONDENCE ADDRESS																											
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name</td> <td colspan="3">David L. McCombs</td> </tr> <tr> <td>Address</td> <td colspan="3">Haynes and Boone LLP</td> </tr> <tr> <td>City</td> <td>Dallas</td> <td>State</td> <td>TX</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>214/651-5533</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Michael J. Balconi-Lamica</td> <td>Registration No. (Attorney/Agent) 34,291</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Michael J. Balconi-Lamica</i></td> <td>Date 4/13/01</td> </tr> </table>				Name	David L. McCombs			Address	Haynes and Boone LLP			City	Dallas	State	TX	Country	USA	Telephone	214/651-5533	Name (Print/Type)	Michael J. Balconi-Lamica		Registration No. (Attorney/Agent) 34,291	Signature	<i>Michael J. Balconi-Lamica</i>		Date 4/13/01
Name	David L. McCombs																										
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City	Dallas	State	TX																								
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 944.00)

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	La Vaughn F. Watts, Jr.
Examiner Name	Unknown
Group Art Unit	Unknown
Attorney Docket No.	16356.604

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	08-1394
Deposit Account Name	Haynes and Boone, LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	710	201 355 Utility filing fee	710
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1)		(\$ 710.00)	

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	33	-20** = 13.00 x 18	= 234.00
Independent Claims	3	-3*** = 0.00 x 40	= 0.00
Multiple Dependent			= 0.00

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 234.00)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 0.00)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Michael J. Balconi-Lamica	Registration No. (Attorney/Agent)	34,291	Telephone 214 651-5533
Signature	<i>Michael J. Balconi-Lamica</i>		Date	4/13/01

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D833589

PATENT

Docket Number: DC-02762 (16356.604)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

La Vaughn F. Watts, Jr. et al.

Serial No. N/A

Examiner: N/A

Filed: Herewith

Group Art Unit: N/A

For: COMPUTER SYSTEM THERMAL LAP
MANAGEMENT METHOD AND
APPARATUS



Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

EXPRESS MAIL CERTIFICATE

Express Mail Number: EL666765028US

Date of Deposit: 4/13/01

I hereby certify that the following attached papers and fee:

1. Utility Patent Application Transmittal Sheet;
2. Fee Transmittal Sheet (in duplicate);
3. Patent Application consisting of 18 pages of Specification, 9 pages of Claims and 1 page Abstract of Disclosure;
4. Nine (9) Drawing sheets;
5. Unsigned Declaration and Power of Attorney;
8. Check in the amount of \$944.00 for filing fee; and
9. A Return Postcard

are being deposited with United States Postal Service "Express Mail Post Office to Addressee" to the Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dolly Milleson

Typed or Printed Name

Dolly Milleson
a-112413.1